

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/064,837  
Applicant: : Aldo A. Laghi  
Filed: : 08/22/2002  
TC/A.U. : 3738  
Examiner : Alvin J. Stewart  
Docket No. : 1098.30  
Customer No. : 21901  
For : Dynamic Prosthetic Foot with Multiple Load Points

Confirmation No. 3118

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JUL 15 2004

TECHNOLOGY CENTER R3700

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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**GROUP 3600**

**AMENDMENT TRANSMITTAL**

1. Transmitted herewith is an amendment for this application.

**STATUS**

2. Applicant is an independent inventor. A statement was already filed.

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

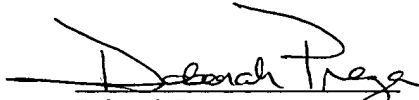
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**CERTIFICATE OF MAILING**

(37 C.F.R. 1.8)

I HEREBY CERTIFY that this Amendment A, including Introductory Comments, Amendments to the Specification, Amendments to the Claims, Amendments to the Drawing Figures, and Remarks, is being deposited with the United States Postal Service by first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 30, 2004.

Dated: April 30, 2004

  
Deborah Preza

(Amendment Transmittal—page 1)

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**GROUP 3600****FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3) SMALL ENTITY		
Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee
Total	20	Minus	20	= 0	x \$9 =	\$0
Indep.	2	Minus	3	= 0	x \$43 =	\$0
First Presentation of Multiple Dependent Claim					+ \$145 =	\$0
Total					Addit. Fee	\$0

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
  - \*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
  - \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

Very respectfully,

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**SIGNATURE OF PRACTITIONER**

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